

Child and Adult Care Food Program (CACFP)
Training Packet and Handbook
Sponsoring Organization of Family Day Care Homes
FY 2017



Division of School and Community Nutrition
500 Mero Street
23rd Floor, Capital Plaza Tower
Frankfort, KY 40601

Phone: (502) 564-5625
Fax: (502) 564-5519

<http://education.ky.gov/federal/SCN/Pages/Child-and-Adult-Care-Food-Program.aspx>

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.”

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Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) provides funds to institutions and sponsoring organizations that provide nutritious meals to participants enrolled in child care centers, day care homes, homeless shelters, and adult day care centers.

Your institution is eligible to participate in this program if you are:

- A public or private nonprofit organization, including sponsoring organizations of unaffiliated centers, head start, and at-risk sites.
- A private for-profit center in which 25% of the participants have been documented as low income,
- A homeless/domestic violence/emergency shelter operated by a public or not-for-profit organization that provides support to homeless children in temporary residential settings, or
- The center may qualify according to other program regulations.

Child care centers and adult day care centers can participate in the Child and Adult Care Food Program either independently or through a sponsoring organization that accepts full administrative and financial responsibility for the program. Day care homes must participate through a sponsoring organization; they cannot participate in the Child and Adult Care Food Program independently.

Family Daycare Home Providers can receive CACFP benefits if their participants are:

- Age 12 years or under; or
- Children of migrant workers age 15 or under; or
- Mentally/physically disabled persons, as defined by the State, at any age if the majority of enrollees are age 18 or under; or
- Children enrolled in At Risk After School Programs
- Temporary residents of homeless shelters 18 years of age or younger, and residents of any age who have disabilities.

Note: All criteria listed above may not apply to your organization.

Goals

The Goals of the Child and Adult Care Food Program are:

- To ensure that well balanced, nutritious meals are served to children in care.
- To help children learn to eat a wide variety of foods as part of a balanced diet.
- Provide reimbursement for meals served.

Home Participation

Family day care homes must be licensed and fit the USDA definition of a family day care home.

CACFP regulations define a family day care home as “an organized non-residential child care program for children enrolled in a private home, licensed or approved as a family day care home and under the auspices of a sponsoring organization.”

Family Day Care Home Sponsors

Licensed family daycare homes participate in the Child and Adult Care Food Program through affiliation with a Family Day Care Home Sponsor. These Sponsors have an agreement with Kentucky Department of Education, School and Community Nutrition to provide total oversight of the Child and Adult Care Food Program (CACFP) for the facilities (homes) they sponsor. This includes ensuring that all related program regulations and instructions are followed and accepting final administrative and financial responsibility for food service operations in all of the homes under its jurisdiction.

All Family Day Care Home (FDCH) Sponsors must be either government or private non-profit institutions. Private individuals and for-profit organizations are not eligible to function as Sponsors.

Yearly Renewal for Sponsors

Sponsors must reapply for participation in the Program every fiscal year by completing the institution Application in the CNIPS web-based system. Sponsors must submit a management plan with accompanying administrative budget. Through the renewal process Sponsors must demonstrate that they are operating the Program in accordance with all Program regulations and requirements and that their organization is financially viable, administratively capable and accountable as described in 7CFR 226.6.

Federal Requirements

Regulations related to FDCH

- 226.2 definitions
- 226.6 Administrative Reviews for FDCH
- 226.12 Administrative payment to Sponsoring Organizations for FDCH
- 226.13 Food Service Payment to Sponsoring Organizations for FDCH
- 226.15(f) Tiering Information
- 226.15 Renewal, Management Plan
- 226.18 FDCH provisions

Federal regulations at **7 CFR Part 226** requires institutions participating in the Child and Adult Care Food Program to maintain support documentation for claims submitted.

These regulations can be found at:

<http://www.fns.usda.gov/cacfp/regulations>

Or

<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=86570c8e304645e5da8d64b9d778e428&rgn=div5&view=text&node=7:4.1.1.1.5&idno=7>

Sponsoring Organizations Responsibilities

Record Keeping

Sponsors who participate in the Child and Adult Care Food Program (CACFP) **must maintain records** at the sponsor location. Sponsoring organizations of providers are responsible for ensuring that each site under the sponsorship is maintaining current month records. Sponsors of providers must ensure that each site maintains copies of at least the previous twelve months records **on site**. These records must accurately reflect program operations. Failure to maintain such records will result in the denial of reimbursement and/or termination from the Program.

An organized system for filing and maintaining records will save time when completing the monthly Report and Claim for Reimbursement. For record keeping and organization it is strongly encouraged that all monthly records and supporting documentation be assembled together and filed with a corresponding copy of the Report and Claim for Reimbursement in the institutions or sponsoring organization's main office.

Records to support reimbursement must be maintained on file for a minimum of 3 years plus the current year.

Failure to maintain any of the following records will result in the repayment of meal reimbursement.
[7 CFR 226.10(d)]

1. Provider files will contain:
 - Menus
 - Enrollment Forms
 - Sign in/out sheets
 - Free/Reduced Price Income Applications for providers who claim their own children and/or mixed tiered homes.
 - Operational information (tiering information, number of children, meals to be claimed)
 - Agreement and monitor reviews
 - Licensure information (capacity, license number, expiration date)

Civil Rights Compliance and Grievance Procedures

The purpose of this policy memorandum is to provide guidance regarding civil rights compliance in the Child and Adult Care Food Program (CACFP).

The goal of Civil Rights Assurance and Compliance is to ensure that Child Nutrition Program benefits are made available and provided to all eligible individuals without discrimination.

Discrimination is defined as distinguishing a person, or group of people, **either in favor of or against** others intentionally and doing so by neglect or by actions or by lack of actions based on the six protected classes.

The six protected classes associated with the Child and Adult Care Food Program are race, color, national origin, sex, age and disability.

Responsibilities of Institutions and Sponsoring organizations

USDA regulations outline responsibility regarding civil rights compliance in CACFP.

The following areas of compliance are the

1. Public Notification System
2. Data collection
3. Training
4. Grievance Procedures

Compliance Areas

1. Public Notification System (PNS)

a. News Release:

- Effective October 1, 2016 the State Agency will publish the News Release on behalf of the Sponsors. It is no longer a requirement for existing institutions/sponsoring organizations.

b. “And Justice For All” poster

- This poster contains the non-discrimination statement and contact information for filing a civil rights complaint.
- The poster must be displayed in a prominent place in every sponsoring organization office. The main entrance is ideal for placement.
- Only original posters may be displayed.

c. Non-Discrimination Statement

- The statement in its entirety is required on all materials where the CACFP is referenced such as, but not limited to, promotional literature, parent handbooks and websites.
- Institutions and sponsoring organizations must convey the message of equal opportunity in all photographic and other graphics used to provide program information.

**** The Non-Discrimination Statement is displayed below in its entirety ****

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d. Language Barriers/Limited English Proficiency (LEP)

- All institutions must have the capability of providing informational materials in the appropriate translation concerning the availability and nutritional benefits of the Child and Adult Care Food Program, as well as the procedures for filing a discrimination complaint.

**** The link below provides translations for CACFP materials ****

<http://www.fns.usda.gov/documents-available-other-languages>

2. Data Collection

- Ethnic and racial data for each site must be documented annually on the 1st Monitor Review;
- Institutions must maintain 3 years plus current year of the documentation of ethnic and racial data;
- The collection of racial and ethnic data allows institutions and sponsoring organizations, and the state agency to determine how effectively the program is reaching the diversity of a population and if outreach is needed.

- (1) **Percentage breakdown of eligible population by racial-ethnic category for the elementary school closest to your site. The link to the racial/ethnicity report for KDE schools is on SCN’s website.**

(2) The number of participants enrolled in the CACFP program at your center.

E. Ethnicity Data		
<p align="center">Geographic Area</p> <p>Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest your home. The link to the racial/ethnicity report for KDE schools is on SCN's website at: http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf</p>		
Hispanic or Latino	%	
Non-Hispanic or Latino	%	
<p align="center">Program Participants</p> <p>The number of participants enrolled in the CACFP program at your home. (This is to only be done on the first monitor review of the year.)</p>		
Hispanic or Latino		
Non-Hispanic or Latino		
F. Racial Data		
<p align="center">Geographic Area</p> <p>Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest your home. The link to the racial/ethnicity report for KDE schools is on SCN's website at: http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf</p>		
American Indian or Alaskan Native	%	
Asian	%	
Black or African American	%	
Native Hawaiian or Pacific Islander	%	
White	%	
<p align="center">Program Participants</p> <p>The number of participants enrolled in the CACFP program at your home. (This is to only be done on the first monitor review of the year.)</p>		
American Indian or Alaskan Native		
Asian		
Black or African American		
Native Hawaiian or Pacific Islander		
White		

3. Training

- Sponsoring organizations must offer civil rights training to all people involved in their program: staff, volunteers and contractors.
- Training is required **prior** to the start of any program duties; training is ongoing as staff, volunteers and contractors enter throughout the fiscal year.
- Staff, volunteers and contractors must be trained annually (within four weeks of the institutions or sponsoring organizations annual training).
- Sponsoring organizations are **required by regulation to** document civil rights training efforts through dated In-Service Training forms identifying that the topic was covered (See In-Service Training form).

4. Civil Rights Complaint Procedure

Institutions and Sponsoring Organization responsibilities

- Keep grievance procedure forms in accessible place and inform necessary persons of location.
- Must accept either written or verbal complaints.
- May NEVER impede participant's ability to file.
- Move complaint forward in a timely manner (forward to state agency within 3 days).

Participant Rights

- Knowledge of all non-discrimination information.
- How to file a claim if they believe their civil rights have been violated.
- A claim may be filed up to 180 days following an alleged action or incident.

KENTUCKY DEPARTMENT OF EDUCATION
Division of School and Community Nutrition
Civil Rights Grievance Report Procedures

In accordance with FNS Instruction 113-1, the _____
(Institution /Sponsoring Organization) provides a grievance procedure in the event a person believes he/she or their enrolled participant has been discriminated against and/or denied service on the basis of race, color, national origin, sex, age or disability.

GENERAL INSTRUCTIONS

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

Procedure for Filing Complaints of Discrimination

1. Right to File a Complaint

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

2. Acceptance

All complaints, written or verbal, shall be accepted by the Division of Nutrition and Health Services and forwarded to the SERO-USDA. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

3. Verbal Complaints

In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location and name of the entity delivering the program, service, or benefit.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

Civil Rights Grievance Report Form (Complainant Section)

Name _____

Date _____

Address _____

Phone _____

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

State the reason(s) you are filing this grievance report.

What response did you receive from the institution representative during the alleged occurrence?

What results are you seeking from this communication?

Signature of Complainant

Date

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This institution is an equal opportunity provider.”

FNS 113-1

Civil Rights Grievance Report Form (Sponsor Section)

Information on person filing grievance: (Complainant)
Name _____

Address _____

Telephone Number _____

Date Received by Institution OR Sponsoring Organization _____

Director's Name _____

Date forwarded to KDE _____

RESOLUTION/COMMENTS:

Signature of Institution or Sponsoring Organization Representative
Date

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FNS 113-1

Sponsoring Organization In-Service Training Documentation

Sponsoring organizations must conduct staff/provider training regarding Child and Adult Care Food Program requirements within **four** weeks of attendance at State Agency training. New institutions and sponsoring organizations *must conduct staff training within the first four weeks of program participation*. Documentation of the training must be recorded on the **In-Service Training Form**. In addition to the mandatory civil rights training, the State Agency recommends discussing the following topics during staff training:

1. Civil Rights Compliance (**MANDATORY**),
2. Meal pattern requirements (necessary food components and proper portion sizes to be served at each meal as illustrated on the Food Chart),
3. Meal counts (requirement that staff conduct the meal count at the time of each meal service and document the number of meals served on the Monitor Review form),
4. Facilities may only claim two meals and one snack or two snacks and one meal per child per day,
5. Sign in/out sheets,
6. Safety and sanitation,
7. Menus (Participant and Infant),
8. Other records required by the Child and Adult Care Food Program (CACFP), the United States Department of Agriculture (USDA) and the State Agency.

Ongoing training should be conducted and documented as the institution hires new staff throughout the fiscal year. New staff must be trained within the 1st week of employment. Remember to always have new staff members sign in when training is completed. The trainer must provide a signature and date for all new staff trained throughout the year.

Any staff conducting in-service training must have completed training on CACFP policies and procedures.

A Civil Rights Training Video is available on the State Agency Website.

CACFP Instructions for Completing the In-Service Training Registration Form

1. Fill in the Date, Name of Institution, Location of Training and Training Conducted by.
2. List the topics covered at the training. (*Civil Rights is Mandatory*)
3. Have Participants print, sign, list title and the name of the site with which they are associated.
4. Please attach additional pages if needed.
5. The trainer must sign and date the form.
6. File the In-Service Training form in the CACFP folder labeled, "In-Service Training".

DATE_____

**Kentucky Department of Education
Division of School and Community Nutrition
Sponsor In-Service Training Documentation
REGISTRATION FORM**

Name of Institution: _____ Location _____

Training Conducted by: _____

- Topics Covered: ☐ Civil Rights (Mandatory)
(Check all that apply) ☐ Meal Patterns
☐ Meal Counts
☐ Claim Submission
☐ Review Procedures
☐ Record Keeping Requirements
☐ Reimbursement System
☐ Updates from Annual Training
☐ _____
☐ _____
☐ _____

Printed Name	Signature	Title	Site Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Trainer's Signature _____ Date _____ *7 CFR
226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1

MENUS 7 CFR 226.15 (e) 10

All providers are required to keep the State Agency Issued Menu Records, or an approved alternate form (i.e. Minute Menu). Menus function as an important tool to help providers ensure they are meeting proper meal pattern requirements. Menus also document which foods are prepared and served to participants. When listing food items served on Menu Records, be very specific as to the type (i.e. fresh pineapple, canned pineapple tidbits or pineapple slices) and date served. The Food Buying Guide will be a necessary and important reference tool during meal planning and preparations. Providers are responsible for purchasing and preparing adequate amounts of each component for the number of children being claimed during the meal service.

If there are no menus available or if menus are incomplete, meals will be disallowed.

Child and Adult Care Food Program Meal Patterns for Children

This chart lists the amounts and types of food to be served to children one year and older.

Meal Components	Ages 1-2	Ages 3-5	Ages 6-12
Breakfast: <ul style="list-style-type: none"> milk, fluid¹ juice or fruit or vegetable bread or bread alternate or cornbread, biscuits, rolls, muffins, etc. <p>including cereal cold, dry or cereal hot, cooked</p>	$\frac{1}{2}$ cup $\frac{1}{4}$ cup $\frac{1}{2}$ slice $\frac{1}{2}$ serving $\frac{1}{4}$ cup or $\frac{1}{3}$ ounce $\frac{1}{4}$ cup	$\frac{3}{4}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ slice $\frac{1}{2}$ serving $\frac{1}{3}$ cup or $\frac{1}{2}$ ounce $\frac{1}{4}$ cup	1 cup $\frac{1}{2}$ cup 1 slice 1 serving $\frac{3}{4}$ cup or 1 ounce $\frac{1}{2}$ cup
Supplement (Snack) (select 2 out of 4 components) <ul style="list-style-type: none"> milk¹, fluid juice or fruit or vegetable meat or meat alternate egg (large) bread or bread alternate including cereal, cold, dry or cereal hot, cooked 	$\frac{1}{2}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ ounce $\frac{1}{2}$ $\frac{1}{2}$ slice $\frac{1}{4}$ cup or $\frac{1}{3}$ ounce $\frac{1}{4}$ cup	$\frac{1}{2}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ ounce $\frac{1}{2}$ $\frac{1}{2}$ slice $\frac{1}{3}$ cup or $\frac{1}{2}$ ounce $\frac{1}{4}$ cup	1 cup $\frac{3}{4}$ cup 1 ounce $\frac{1}{2}$ 1 slice $\frac{3}{4}$ cup or 1 ounce $\frac{1}{2}$ cup
Lunch or Supper <ul style="list-style-type: none"> milk¹, fluid meat or poultry or fish or egg (large) or cheese or cooked dry beans or peas or peanut butter and other "butters"² nuts and seeds² or yogurt vegetables and/or fruits³ (2 or more total) bread or bread alternate⁴ 	$\frac{1}{2}$ cup 1 ounce $\frac{1}{2}$ 1 ounce $\frac{1}{4}$ cup 2 Tbsp. $\frac{1}{2}$ ounce 4 ounces $\frac{1}{4}$ cup $\frac{1}{2}$ serving or $\frac{1}{2}$ slice	$\frac{3}{4}$ cup 1 $\frac{1}{2}$ ounces $\frac{3}{4}$ 1 $\frac{1}{2}$ ounces $\frac{3}{8}$ cup 3 Tbsp. $\frac{3}{4}$ ounce 6 ounces $\frac{1}{2}$ cup $\frac{1}{2}$ serving or $\frac{1}{2}$ slice	1 cup 2 ounces 1 2 ounces $\frac{1}{2}$ cup 4 Tbsp. 1 ounce 8 ounces $\frac{3}{4}$ cup 1 serving or 1 slice

¹ Milk includes whole milk, 1% low fat milk, fat free milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State or local standards.

² For lunch and supper no more than 50% of the requirement may be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to meet the requirement. For crediting purposes 1 oz. of nuts or seeds = 1 oz. of cooked lean meat, poultry or fish.




³ Serve two or more kinds of fruits and/or vegetables. Full strength vegetable or fruit juice may be counted to meet no more than one half of this requirement for lunch and supper.

⁴ Bread alternate may also include an equivalent serving of such items as a roll, biscuit, muffin, cooked enriched or whole grain rice, macaroni, noodles or other pasta products.

FOOD CHART

Age: 1 and 2 years 3 through 5 years 6 through 12 years

BREAKFAST






































 Fluid milk	 ½ cup	 ¾ cup	 1 cup
 100% Juice or fruit or vegetable	 ¼ cup	 ½ cup	 ¾ cup
 Bread or bread alternate	 ½ slice*	 ½ slice*	 1 slice*
or cold dry cereal	 ¼ cup (or ½ oz.)	 ½ cup (or ½ oz.)	 ¾ cup (or 1 oz.)
or cooked cereal	 ¼ cup	 ½ cup	 ¾ cup

SNACK

Select two of the following four components**

 Fluid milk	 ½ cup	 ½ cup	 1 cup
 100% Juice or fruit or vegetable	 ½ cup	 ½ cup	 ¾ cup
 Meat or meat alternate	 ½ ounce	 ½ ounce	 1 ounce
 Bread, bread alternate, or cereal	 ½ slice*	 ½ slice*	 1 slice*

LUNCH/SUPPER

 Fluid milk	 ½ cup	 ¾ cup	 1 cup
 Meat or poultry or fish	 1 ounce	 1½ ounce	 2 ounces
or cheese	 1 ounce	 1½ ounce	 2 ounces
or cottage cheese, cheese food, or cheese spread	 2 ounces (½ cup)	 3 ounces (¾ cup)	 4 ounces (1 cup)
or egg	 1	 1	 1
or cooked dry beans or peas	 ¼ cup	 ¾ cup	 ½ cup
or peanut butter, soybean butter or nut or seed butters.	 2T.	 3T.	 4T.
or peanuts, soybeans, tree nuts or seeds	 ½ oz. = 50%	 ¾ oz. = 50%	 1 oz. = 50%
or yogurt***	 ½ cup (4 oz.)	 ¾ cup (6 oz.)	 1 cup (8 oz.)
 Vegetables &/or fruits (2 or more)	 ¼ cup Total	 ½ cup Total	 ¾ cup Total
 Bread or bread alternate	 ½ slice*	 ½ slice*	 1 slice*

* or an equivalent serving of an acceptable bread alternate such as cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour, or a serving of cooked enriched or whole-grain rice or macaroni or other pasta products.

** for snack, juice may not be served when milk is served as the only other component.

*** or any equivalent quantity of any combination of the above meat/meat alternates.

This institution is an equal opportunity provider.

INFANT DAILY MENU RECORD

The Infant Daily Menu Record is required for all programs serving infant meals.

- One type of formula must be offered by the provider.
- Providers cannot **require** parents/caregivers to supply infant formula or food.
- At least one component of meals served to 8-12 month old infants needs to be purchased/provided by the provider.
- Infant feeding times vary depending on the age and development of the child.
- Infant Menu Records need to be kept every day.
- Infants on breast milk or formula may be claimed as long as the provider is feeding the child.
- Only iron fortified infant cereal is creditable.
- Meat sticks or "finger sticks" (which look like miniature hot dogs) are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because they could present a choking risk
- Combination dinners (jarred turkey and rice, etc.) are not creditable.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are not creditable for infants under 12 months of age.

As you know, infant meal patterns vary according to the age of the infants. You should ensure that each age group is receiving all required components. If for some reason children over 1 year of age are still consuming infant foods or formula their meals must be recorded on Infant Daily Menu Record.

Infant Daily Menu Record must have a detailed description. The type of cereal, type of fruit or vegetable and iron fortified formula/breast milk must be listed.

Refer to the infant meal pattern for required components for each meal.

Child and Adult Care Food Program Meal Pattern Requirements for Infants

Age	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}
4 months through 7 months	4-8 fluid ounces formula ¹ or breast milk ^{2, 3} 0-3 tablespoons infant cereal ^{1, 4}	4-8 fluid ounces formula ¹ or breast milk ^{2, 3} 0-3 tablespoons infant cereal ^{1, 4} 0-3 tablespoons fruit and/or vegetable ⁴	4-8 fluid ounces formula ¹ or breast milk ^{2, 3}
8 months up to first birthday	6-8 fluid ounces formula ¹ or breast milk ^{2, 3} 2-4 tablespoons infant cereal ¹ 1-4 tablespoons fruit and/or vegetable	6-8 fluid ounces formula ¹ or breast milk ^{2, 3} 2-4 tablespoons infant cereal ¹ and/or 1-4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas or ½-2 ounces cheese, or 1-4 tablespoons cottage cheese, cheese food or cheese spread. 1-4 tablespoons fruit and/or vegetable	2-4 fluid ounces formula ¹ or breast milk ^{2, 3} or fruit juice ⁵ 0-1/2 slice bread ^{4, 6} or 0-2 crackers ^{4, 6}

¹ Infant formula and dry infant cereal shall be iron-fortified.

² It is recommended that breast milk be served in place of formula from birth through 11 months.

³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk if the infant is still hungry.

⁴ A serving of this component shall be optional.

⁵ Fruit juice shall be full-strength.

⁶ Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

7 CFR 226.20 states:

“Infant cereal means any iron-fortified dry cereal specifically formulated for and generally recognized as cereal for infants that is routinely mixed with breast milk or iron-fortified infant formula prior to consumption.

Infant formula means any iron-fortified formula intended for dietary use solely as a food for normal, healthy infants: excluding those formulas specifically formulated for infants with inborn errors of metabolism or digestive or absorptive problems. Infant formula as served, must be in liquid state at recommended dilution.”

CACFP Instructions for Completing the Infant Menus 2014-2015

1. Complete your *name* at the top of the menu.
2. Place the *date* in the spot in the proper location.
 - Daily dated menus are required for each month.
3. **For Breakfast**, write in the component served for each age group.
4. **For Lunch or Supper**, write in each component served for each age group.
 - If serving a meat/meat alternative or vegetable/fruit for ages 4 to 7 months or 8 to 11 months, the food must be listed in the appropriate place.
5. **For Snack**, write in each component served for each age group.
 - Please note that for 8 to 11 month olds; formula, breast milk or 100% juice must be written in.
6. The *number of meals* served must be circled for each meal service. This must be done daily.
7. The total number of Breakfast/Lunch/Suppers or Snacks should be totaled for each day.

FY 2015-2016 CACFP FAMILY DAY CARE HOMES INFANT MENU

PROVIDER: _____

WEEK BEGINNING: _____

Does parent provide formula? _____

MINIMUM MEAL REQUIREMENTS					SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MEAL	FOOD REQUIRED	0 TO 3 MONTHS	4-7 MONTHS	8-11 MONTHS							
B R E A K F A S T	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	6-8 Oz.							
	Iron Fortified Infant Cereal	NONE	0-3 Tbsp.	2-4 Tbsp.							
	FRUIT OR VEGETABLE (NO JUICE)	NONE	NONE	1-4 Tbsp.							
A M S N A C K	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	2-4 Oz.							
	OR 100% FRUIT JUICE	NONE	NONE	2-4 Oz.							
	Whole Grain/Enriched Bread Component	NONE	NONE	0-1/2 SLICE OR 0-2 CRACKERS							
L U N C H	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	6-8 Oz.							
	Iron Fortified Infant Cereal	NONE	0-3 Tbsp.	2-4 Tbsp.							
	AND / OR STRAINED MEAT COMPONENT	NONE	NONE	1-4 Tbsp.							
	FRUIT OR VEGETABLE (NO JUICE)	NONE	0-3 Tbsp.	1-4 Tbsp.							
P M S N A C K	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	2-4 Oz.							
	OR 100% FRUIT JUICE	NONE	NONE	2-4 Oz.							
	Whole Grain/Enriched Bread Component	NONE	NONE	0-1/2 SLICE OR 0-2 CRACKERS							
S U P P E R	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	6-8 Oz.							
	Iron Fortified Infant Cereal	NONE	0-3 Tbsp.	2-4 Tbsp.							
	AND / OR STRAINED MEAT COMPONENT	NONE	NONE	1-4 Tbsp.							
	FRUIT OR VEGETABLE (NO JUICE)	NONE	0-3 Tbsp.	1-4 Tbsp.							
LN S N A C K	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	2-4 Oz.							
	OR 100% FRUIT JUICE	NONE	NONE	2-4 Oz.							
	Whole Grain/Enriched Bread Component	NONE	NONE	0-1/2 SLICE OR 0-2 CRACKERS							

Certification capacity: _____

Number of Provider's own children: _____

CREDITABLE FORMULA <i>Only Iron Fortified Infant Formula (IFIF) may be served.</i> <i>If you use any other formula you must have a signed doctor's statement to be reimbursed.</i>	BREAST MILK <i>The mother's breast milk may be served in place of formula. Meals or snacks consisting of breast milk only are reimbursable if the provider serves it from a bottle.</i>	BREAD ALTERNATES <i>Crackers, graham crackers, dry toast, melba toast, zwieback</i> NOTE: avoid highly seasoned snack crackers or crackers with seeds. <i>Only whole grain/enriched bread components can be used as bread alternates</i>	FRUIT VEGETABLE <i>Fruit or vegetable juice may not be substituted in place of a strained fruit or vegetable at major meals. Infants younger than 6 months old may not be served juice. If older than 6 months, juice must be served in a cup.</i>	MEAT OR ALTERNATE <i>1-4 tbsp. meat, poultry, or cooked dry beans or peas, or ½-2 oz. cheese, or 1 to 4 oz. cottage cheese or cheese spread.</i>	INFANT CEREAL <i>Regular cereal, i.e. cream of wheat, oatmeal, etc. may not be substituted in place of iron fortified infant cereal.</i>
---	---	---	--	--	--

List infants you are claiming this week

Circle meals claimed for each infant

Documentation of enrollment must be available on all infants claimed

AGE	INFANT'S FULL NAME LAST FIRST	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
#1		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#2		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#3		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#4		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#5		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#6		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#7		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#8		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#9		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#10		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
TOTALS								

REMINDER: You may only claim 3 meals per child per day, 2 meals and 1 snack or 2 snacks and 1 meal. Remember, that's only 3 circles per day per child.

I certify that the information I have submitted is true and correct to the best of my knowledge, that the records are available to support the information provided, that it is in accordance with the terms of existing agreements and that payment has not been received.
 I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider

Date

**PROVIDER'S TOTALS
FOR THE WEEK**

BREAKFAST _____
 AM SNACK _____
 LUNCH _____
 PM SNACK _____
 SUPPER _____
 LN SNACK _____

**OFFICE USE ONLY
TOTALS FOR THE WEEK**

TIER I TIER II

BREAKFAST _____
 AM SNACK _____
 LUNCH _____
 PM SNACK _____
 SUPPER _____
 LN SNACK _____

CACFP FAMILY DAY CARE HOMES CHILDREN'S MENU

PROVIDER: _____

WEEK BEGINNING: _____

MINIMUM MEAL PATTERN REQUIREMENTS				SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FOOD REQUIRED	AGE 1 - 2	AGE 3 - 5	AGE 6 - 12							
BREAKFAST										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
VEGETABLE AND/OR FRUIT OR JUICE	¼ CUP	¼ CUP	¼ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							
AM SNACK choose 2 different components										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
MEAT OR ALTERNATE	¼ oz	¼ oz	1 oz							
VEGETABLE AND/OR FRUIT	¼ CUP	¼ CUP	¼ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							
LUNCH										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
MEAT OR ALTERNATE	1 oz	1 ½ oz	2 oz							
VEGETABLE AND/OR FRUIT (NO JUICE) SERVE 2 FOR TOTAL OF 2	¼ CUP	¼ CUP	¼ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							
PM SNACK choose 2 different components										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
MEAT OR ALTERNATE	¼ oz	¼ oz	1 oz							
VEGETABLE AND/OR FRUIT	¼ CUP	¼ CUP	¼ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							
SUPPER										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
MEAT OR ALTERNATE	1 oz	1 ½ oz	2 oz							
VEGETABLE AND/OR FRUIT (NO JUICE) SERVE 2 FOR TOTAL OF 2	¼ CUP	¼ CUP	¼ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							
LN SNACK choose 2 different components										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
MEAT OR ALTERNATE	¼ oz	¼ oz	1 oz							
VEGETABLE AND/OR FRUIT	¼ CUP	¼ CUP	¼ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							

Certification capacity: _____

Number of Provider's own children: _____

List children you are claiming this week Circle meals claimed for each child Documentation of enrollment must be available on all children claimed

AGE	CHILD'S FULL NAME LAST FIRST	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	#1	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#2	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#3	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#4	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#5	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#6	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#7	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#8	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#9	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#10	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#11	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#12	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#13	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#14	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#15	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
TOTALS								

REMINDER: You may only claim 3 meals per child per day, 2 meals and 1 snack or 2 snacks and 1 meal. Remember, that's only 3 circles per day per child.

I certify that the information I have submitted is true and correct to the best of my knowledge, that the records are available to support the information provided, that it is in accordance with the terms of existing agreements and that payment has not been received.

I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider

Date

**PROVIDER'S TOTALS
FOR THE WEEK**

BREAKFAST _____
AM SNACK _____
LUNCH _____
PM SNACK _____
SUPPER _____
LN SNACK _____

OFFICE USE ONLY

TOTALS FOR THE WEEK
TIER I TIER II

BREAKFAST _____
AM SNACK _____
LUNCH _____
PM SNACK _____
SUPPER _____
LN SNACK _____

Meal Component Substitutions

Medical Statement for Participants with Special Dietary Needs

This statement must be completed and submitted to the Provider before any meal substitutions can be made. The parent/guardian will complete the top section and the medical authority will complete, sign and date the bottom section. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian is required to submit a new form signed by the medical authority.

Disability

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act* (ADA) of 1990, a “*person with a disability*” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Major life activities covered by this definition include caring for one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations **7 CFR Part 15b** require substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. A participant with a disability must be provided substitutions in foods when that need is supported by a statement signed by a medical authority. The medical authority’s statement must identify: the child’s disability; an explanation of why the disability restricts the child’s diet; the major life activity affected by the disability; the food or foods to be omitted from the child’s diet, and the food or choice of foods that must be substituted.

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them. However, when in the medical authority’s assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child’s condition would meet the definition of “disability,” and the substitutions prescribed by the medical authority must be made.

Special Dietary Needs That Are Not a Disability

Food service providers may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the child’s diet; the food or foods to be omitted from the child’s diet; and the food or choice of foods to be substituted.

Parent/Guardian Request for Fluid Milk Substitution

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the provider.

The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the provider to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

A non-dairy beverage product must contain the following nutrient levels per cup to qualify as an acceptable milk substitution:

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

Food substitutions can be made for participants who are unable to consume regular program meals due to **religious reasons**. In such cases, a statement from the participant's parents/guardian must be provided on behalf of the participant. The statement should specify the food or foods to be omitted from the participant's diet and specify a choice of foods that may be substituted. The Provider is **not** required to purchase and prepare alternate foods for religious reasons.

KY CACFP Milk Substitution

**Parent Requests That
Their Child Be
Served a Milk
Substitute**

Does the Child
have a Disability
that impacts the
meal service that
requires an
alternate milk
component?

YES

NO

Did the parent present a
Medical Disability Form
listing what items to be
omitted, what items to
be substituted and the
disability?

The parent must present a letter
stating what the substitution will
be and explaining the reason for
the milk substitution.

NO

Is the substitution
a creditable milk
substitution?
*See List

YES

YES

NO

The Provider Must Purchase
and Serve the milk
substitution. The meal is
reimbursable.

The Provider may
purchase the substitution
OR the parent may
purchase the substitution.
The meal is
reimbursable.

The meal does
not meet meal
pattern
requirements and
is NOT
reimbursable.

Milk Alternatives

- Lactose Reduced
- Lactose Free
- Low Fat Buttermilk
- Low Fat Acidified Milk
- Fat Free Acidified Milk
- Reduced or Fat Free Organic
- Versions of Acceptable milk

Non-Dairy Milk Alternates

*Must meet the following requirements.

Nutrient	Requirements per Cup
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mg

CACFP Instructions for Completing the Medical Statement for Participants with Special Dietary Needs

Parent/Guardian Section

1. Fill in information located in the first section. To be completed by a Parent, Guardian, or Authorized Representative”.
2. If participant has a recognized disability or special dietary needs that are not a recognized disability, a recognized medical authority must complete the form. A recognized medical authority is anyone medically deemed certified to write prescriptions.
3. Medical Authority must sign and date.
4. Medical Authority must Print their name, title, and give the telephone number where they may be contacted.
5. If participant does not have a disability, but is requesting special accommodation for a fluid milk substitute, the form may be completed by the Parent/Guardian.

Sponsor Information

1. The statement must be completed in its entirety and submitted prior to substituting any meals.
2. If any changes are needed, a new form will need to be submitted.
3. Parents or guardians may request in writing that a non-dairy beverage be substituted for fluid milk without providing a statement from a recognized medical authority. Fluid milk substitutions requested are at the option and expense of the facility/center.
4. Non-dairy beverage products must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

MEDICAL STATEMENT FOR PARTICIPANTS WITH SPECIAL DIETARY NEEDS

To be completed by a Parent, Guardian, or Authorized Representative		
Participant's Name:		Birthday:
Parent/Guardian/Authorized Representative name:		
Home Phone: ()		Work Phone: ()
Address:		
City:	State:	Zip:
<input type="checkbox"/> Participant has a disability or medical condition and requires a special meal or accommodation. (*Recognized Medical Authority must sign)		
<input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. (Substitutions made at the discretion of the center.) (*Recognized Medical Authority must sign)		
<input type="checkbox"/> Participant does not have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. (Substitutions made at the discretion of the center.)		
A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.		
a. Calcium 276 mg b. Protein 8 g c. Vitamin A 500 IU	d. Vitamin D 100 IU e. Magnesium 24 mg f. Phosphorus 222 mg	g. Potassium 349 mg h. Riboflavin .44 mg i. Vitamin B-12 1.1 mcg
Foods to be omitted:		Substitutions:
_____		_____
_____		_____
_____		_____
Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):		

Please provide any other information regarding the diet:		

**Recognized Medical Authority: Anyone who can prescribe medication.*

Physician/Medical Authority's Signature

Date

Printed Name and Title

Telephone

**7 CFR 226.20 (h) & Policy Memo: CACFP 13-2015*

Instructions for completing the Enrollment Form

Parent/Guardian Section:

1. **Participant Information**-Fill in participant's name (last, first), date of birth, hours of care and meals normally eaten at the FDCH. If the parent/guardian works multiple shifts and the participant may attend the FDCH on an irregular schedule then mark, "Yes" for the question, "Parent/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no", otherwise mark, "No".
2. If the parent supplies the FDCH with any food due to medical or religious reasons, then the parent will list what foods are supplied.
3. **Signature and Parent/Guardian Information**-Sign, date, print name and give phone numbers and address.

Sponsor Section:

1. Ensure form is complete and then the determining official (provider) will sign and date form. If a participant withdraws during the fiscal year, place the date of withdrawal on the line next to, "Date the participant withdrew".

CACFP ENROLLMENT FORM

1. Participant Information: (To be completed by Parent/Guardian)

☐ Participants are related to the Provider

Participant's Last Name	Participant's First Name	Date of Birth	Normal/Typical Hours of Care			Normal/Typical Days of Care (Circle all that apply)							Meals Normally Eaten (Circle all that apply)					
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN

*Parent/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no

Guide:

Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility

(M=Monday;T=Tuesday;W=Wednesday;Th=Thursday;F=Friday;Sa=Saturday;Su=Sunday)

Meals Normally Eaten-Please circle the meals the participants usually eat at the facility.

(B=Breakfast; AM=AM Supplement; L=Lunch; PM=PM Supplement; S=Supper; LN=Late Night Supplement)

2. Do you supply any food to the center for the participant's meals due to medical or religious reasons?

If Yes, please list foods supplied:

3. Signature and Parent/Guardian Information:

Parent/Guardian Signature

Date (Parents date form)

Print Name:

Home Telephone Number:

Work Telephone Number:

Address:

City:

State:

Zip Code:

For Provider Use Only. Do not write below this line.

Signature of Provider: _____

Date: _____

Date the participant withdrew: _____

"The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer."

*7 CFR 226.15 (e)(2)

INCOME ELIGIBILITY GUIDELINES
For FDCH
(FOR INTERNAL/OFFICE USE ONLY)

The eligibility scale is for determining participating children's eligibility category for federal meal reimbursement if they are not recipients of SNAP (Formerly food stamps), K-TAP or in **Foster/Kinship care**. Participants from households with total gross incomes at or below the following levels may be eligible for free or reduced-price reimbursement rates.

INCOME ELIGIBILITY SCALE

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2016-June 30, 2017				
Household Size	Free Meals		Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>	<i>Monthly</i>	<i>Yearly</i>
1	\$1,287	\$15,444	\$1,832	\$21,978
2	\$1,736	\$20,826	\$2,470	\$29,637
3	\$2,184	\$26,208	\$3,108	\$37,296
4	\$2,633	\$31,590	\$3,747	\$44,955
5	\$3,081	\$36,972	\$4,385	\$52,614
6	\$3,530	\$42,354	\$5,023	\$60,273
7	\$3,980	\$47,749	\$5,663	\$67,951
8	\$4,430	\$53,157	\$6,304	\$75,647
For each additional family member add:	+\$451	+\$5,408	+\$642	+\$7,696

* The term “household” means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.

Note: Children that are recipients of the following programs are automatically eligible for the free reimbursement rate:

- SNAP (formerly known as Food Stamps)
- Kentucky Transitional Assistance Program (K-TAP)
- Foster Care Program
- Head Start or Even Start
- Kinship

INCOME APPLICATION FOR FDCH

Sponsors participating in the CACFP must qualify Tier 1 day care homes using school data, census data, or provider income. Mixed tiered homes can also fill out income applications. **The eligibility information is confidential for each participant and must be kept on file. The information is considered valid for one calendar year from the date of the parent/guardian/client signature.** The State Agency recommends that sponsoring organizations obtain income information as a part of the enrollment process.

Sponsor must provide the Income Applications to the providers. Providers who want to claim their own children must fill out and submit an income application. All income applications must be reviewed for completeness by the sponsor. **The determining official must sign and date in order for the application to be deemed complete.**

The State Agency will review income applications to ensure that the applications have been completed and the participants are correctly classified. If verification reveals that the application has inaccurately been classified or that numbers of enrolled participants have been incorrectly reported, the State Agency will require a corrected claim.

If a participant is from a family **not** receiving Supplemental Nutrition Assistance Program (SNAP) or Kentucky Transitional Assistance Program(K-TAP), the completed application must include the participant's name, birth date, list of all household members, last four digits of the social security number* of the head of household, and income by source. The application must be signed and dated by the parent/guardian.

or

If a participant **is** from a family receiving SNAP or K-TAP, the completed application must include the participant's name, birth date, SNAP or K-TAP number and must be signed and dated by the parent/guardian.

Please ensure that any SNAP/K-TAP numbers reported are the actual case numbers, not the amount received or the SNAP EBT number.

If a family is unable to complete the income application due to a physical or mental disability, illiteracy, or language barrier, the sponsor may complete the application. The parent/guardian and/or client should make an "X" to indicate that the sponsor has completed the application on their behalf. The staff member must initial and date the income application and indicate why the parent/guardian/client could not complete the form without assistance.

Instructions for completing the Child Care CACFP Income Application

Parent/Guardian Section

1. **Child Information**-Please **print** the name(s) of the participant(s) (Last Name, First Name) and Birthdate on the lines below. Please ensure the names listed on the Income Application match the names on the Enrollment Form.
2. **Program Benefits**-If the participant receives funding from **SNAP** or **KTAP**, please list the entire case number next to the participant's name and birthdate, then **skip Section 3** and sign and date **Section 4**. If the participant is under **Kinship** care or a **Foster** child, please mark the appropriate box.
3. **Household Members and Monthly Income**-Please list any other members of the household (Adults, Children) not listed above and their **Monthly** income. *This section must be completed for all participants.*
4. **Signature and Social Security Number**-Please read the statement, "I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws." If the information provided in the previous sections are accurate and true, then sign, give the last 4 digits of your social security number and date. If you do not have a Social Security Number, please check the corresponding box. Finally, print your name, list home and work phone numbers and home address.
5. **Participant's ethnic and racial identities (optional)**-Please indicate participant's ethnic and racial identities.

Sponsor Section

1. Indicate how participant's eligibility will be determined by checking the corresponding box for **SNAP/K-TAP, Foster/Kinship Care** or **Income Household**. If **Income Household** is used to determine eligibility, total incomes and Household Size from Section 3 and place the numbers on the appropriate blanks.
2. If the participant is receiving **SNAP, K-TAP, Foster or Kinship Care** the participant is automatically eligible as **Free**. If the participant is not receiving any outside support then the household income must be used in order to determine eligibility. Once eligibility has been determined using the Income **Eligibility Guidelines**, mark Tier 1 or Tier 2.

Dear Parent/Guardian:

Young children need healthy meals to learn. This letter is intended for parent or guardians of children enrolled at either a child care center or a family day care home. _____ offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached income application as soon as possible. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals. The completed form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by the provider. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the provider will receive a higher level of reimbursement.

In the operation of child feeding programs, no person will be discriminated against because of race, color, nation origin, sex, age or disability.

INCOME ELIGIBILITY SCALE

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2016-June 30, 2017		
Household Size	Reduced Price Meals	
	Monthly	Yearly
1	\$1,832	\$21,978
2	\$2,470	\$29,637
3	\$3,108	\$37,296
4	\$3,747	\$44,955
5	\$4,385	\$52,614
6	\$5,023	\$60,273
7	\$5,663	\$67,951
8	\$6,304	\$75,647
For each additional family member add:	+\$642	+\$7,696

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the provider tier 1 or tier 2. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservation (FDPIR) case number for the Participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the provider is tier 1 or tier 2, and for administration and enforcement of the program.

Non-discrimination Statement: "In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

Sponsor Representative

Phone Number

If you have questions about the CACFP and its administration, you may contact School and Community Nutrition at 502/564-5625 or at the following address: School and Community Nutrition, Kentucky Department of Education, 500 Mero Street, Frankfort, KY 40601

**KY Child and Adult Care Food Program Income Application
2016-2017 FDCH**

This form must have all sections complete in order for this provider to qualify for reimbursement for meals served to your participants.

*For SNAP and K-TAP benefit information, please include the entire case number and skip section 3 then sign and date section 4.

1. CHILD INFORMATION (print)		2. PROGRAM BENEFITS		Kinship	Foster
Name of Child (Last, first)	Birthdate	SNAP#	K-TAP#		
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

3. HOUSEHOLD MEMBERS AND MONTHLY INCOME:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X _____
Signature of Adult Household Member

X _____ ☐ No Social Security Number X _____
Last four digits Social Security Number* Date

Printed Name _____ Home Telephone No. _____ Work Telephone No. _____

Street/Apt.No. _____ City/State/Zip _____

5. Participant's ethnic and racial identities (optional) Mark one ethnic identity: _____ Hispanic or Latino _____ Not Hispanic or Latino
Mark one or more racial identities: _____ Asian _____ White _____ Black or African American _____ American Indian or Alaska Native
_____ Native Hawaiian or Other Pacific Islander

*7 CFR 226.2

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

☐ SNAP/K-TAP Household

☐ Tier I

☐ Foster/Kinship Care

☐ Tier II

☐ Income Household:

Total Household Monthly Income: _____

Household Size: _____

Signature of Determining Official
*7 CFR 226.23(e)(4)

Date

W/D Date

Re-enter Date

Sign in/out sheets

All providers are required to maintain daily sign in/out sheet in order to document an enrolled participant's attendance in the Family Day Care Home.

Both the participant's first and last name must be included on the sign in/out sheets. **The name must be the same name that appears on the CACFP enrollment form.** Please be aware that **sign-in sheets are a licensing requirement.** Participants who attend the day care home for any part of the day is considered present that day.

Failure to maintain sign in/out sheets or maintenance of inadequate sign in/out sheets will result in the recovery of CACFP reimbursement. Sign in/out sheets must be maintained on file for three years plus the current fiscal year.

PROGRAM COSTS DOCUMENTATION

Every sponsor that participates in the CACFP must demonstrate the operation of a non-profit food service program. **As provided by USDA's Financial Management-Child and Adult Care Food Program Food and Nutrition Service (FNS) Instruction 796-2, Revision 4, all sponsors must operate a non-profit food service in which all CACFP meal payments are expended for allowable costs. This means that ALL of the money you receive in CACFP reimbursement MUST be used ONLY in the CACFP operation. All CACFP records must be maintained on file for three years plus the current year. Sponsoring organizations must establish an administrative budget for each federal fiscal year. SCN determines the limits of a reasonable administrative budget, based on the number of homes sponsored by the organization, the duties of personnel, and the economic conditions in the community.**

Sponsor Reimbursement

Sponsors receive two types of reimbursement; reimbursement for administrative costs and reimbursement for creditable meals served by family day care home providers. Existing Sponsors that demonstrate a need for expansion to un-served or underserved areas of the population may be eligible for expansion funds. Information for expansion funds are available upon request from the SCN.

Submitting a Claim for Reimbursement

Claims for both administrative costs and creditable meals are submitted electronically through the CNIPS web-based system. Claims are due by the 15th of the month for the previous month.

Claim errors identified by the system will be displayed on the claim form and must be corrected before the claim can be processed. Accuracy in completion of the claim is vital for timely payments.

Late claims

A sponsor is allowed reimbursement for one late claim every three years.

Method of Payment

Sponsors will receive reimbursement through electronic funds transfer (EFT). The EFT method automatically deposits the funds in the Sponsor's bank account.

Reimbursement Rates

The reimbursement rates for administrative costs and creditable meals are adjusted annually, on July 1, to reflect changes in the Consumer Price Index.

Administrative Costs

Administrative reimbursements are determined by multiplying the number of family day care homes submitting a claim for reimbursement during the month by the appropriate annually adjusted administrative reimbursement rate.

Reimbursement of Creditable Meals

Sponsors receive reimbursement for creditable meals served in each of the Sponsor's day care homes. Reimbursement for these costs are calculated based on the meals served and the Tier status of the day care home. The record of meals served by FDCH providers is received by the Sponsoring organization. The Sponsoring organization must then compile all of the claims received from the day care homes when submitting an original claim for reimbursement to CNIPS.

Prior to submitting a claim for reimbursement to CNIPS, the Sponsor must ensure that all claims are based on the actual number of meals served in the day care home and that all supporting documentation has been received for each claim.

Payment to Providers

Sponsors must disburse all FDCH reimbursement payment within five (5) working days of receipt of payment from School and Community Nutrition. The full amount of meal reimbursement shall be disbursed to each provider on the basis of the number of reimbursable meals and snacks served to enrolled and participating children. Exceptions to this occur when a disallowance is made as part of the Sponsor's monthly claim review, monitoring review or audit by the Sponsor or SCN.

Provider Reimbursement

Sponsors are responsible for ensuring that the claim for reimbursement is accurate and that adequate documentation to support the claim is available and maintained on file. Sponsors must review all providers' claims that are received prior to submitting the claim for reimbursement. Any claims received that are not fully documented must be disallowed or the portion not supported disallowed.

Provider Payments

Providers must be reimbursed for all allowable meals served. Sponsors must remit payment to the providers within five (5) working days of receipt of payment from SCN. Sponsors may remit payment via electronic funds transfer to the provider.

Sponsors may not reduce or withhold any reimbursement to the provider except for the reasons described on the following pages.

Monthly Edit Checks

Monthly edit checks are Review Procedures that must be applied to a day care home provider's claim each month in order to determine the claim's validity. The monthly edit checks must ensure that:

- The day care home has been approved to serve the meal types being claimed.
- The number of meals claimed does not exceed the number derived by multiplying approved meal types by the days of operation by enrollment.

Withholding or Reducing Provider's Reimbursement

Sponsors may withhold or reduce a provider's reimbursement when a disallowance is made as part of a monthly claim review, monitor review, or audit conducted by the Sponsor or SCN. Withholding or reducing of any provider's reimbursement must be made when there is evidence of noncompliance with CACFP regulations. Sponsors must inform the provider in writing of the reason for the disallowance. Those reasons must be fully documented on the provider's claim and retained in the Sponsor's file.

Late Provider Claims

Sponsors may establish time frames in which FDCHs are required to submit their meal claims.

Reconciling Provider Reimbursements

Sponsors must prepare monthly provider reimbursement reconciliation reports. Sponsors should assure that providers receive the correct payments. SCN ensures that the Sponsor is properly disbursing the funds it receives.

Reconciliation records provide, in a single location, all of the claiming and payment information about a specific provider. Sponsors must maintain record of all transactions documenting payment to a provider. These records must document by date the amount of every payment requested by and paid to each provider and the amount requested from and paid by SCN. At a minimum, these reconciliation records must contain:

- Name of FDCH provider
- Meal Counts
- Claim month
- Amount paid to the provider
- Check number or EFT transaction
- Check date or EFT transaction date
- Amount claimed to SCN
- Date claimed to SCN
- Date provider check or EFT was paid by the bank

Outstanding Provider Payments

Sponsor must track all outstanding provider payments that have not been cashed. The Sponsor must make a good faith effort to determine why the check hasn't been cashed. This may include telephone calls, on-site visits, or written inquiries to the provider.

ACQR (Actual Costs Quarterly Reporting)

CACFP regulation 796-2 Revision 3 requires that all institutions show fiscal integrity and accountability for all funds received from the Child and Adult Care Food Program. All expenses incurred as program expenses must be approved and funds must be used for authorized program expenses only.

To meet this regulation, the State Agency requires that all institutions report their actual costs on a quarterly basis. Found in CNIPS at <https://cnips.education.ky.gov/cnips/> the quarterly report or ACQR is to be completed by January 31st for the first quarter, April 30th for the second quarter, July 31st for the third quarter, and October 31st for fourth quarter. The State Agency will review the costs each quarter to ensure that institutions are being fiscally responsible with CACFP funds. If during a review of the quarterly costs, it is determined that the institution is not using all of the funds received as is required by regulation, a plan of correction will need to be submitted.

****Training Presentations are available on the CACFP KY Website****

Pre-Approval Site Request Sheet

Sponsoring Organizations wanting to set up additional sites are required to fill out a Pre-Approval/Site Request Form and submit it to the State agency along with the license or certificate on or before the 25th of the previous month requesting to claim. Any Site Requests submitted after the 25th will be presented to the Application Review Team (ART) for review at the next month's meeting.

All submitted Site Requests will be reviewed by the Application Review Team (ART) and institutions will be informed of the acceptance.

Once the Site Request has been accepted, the State agency will establish a Site Application on CNIPS for the institution to complete.

Institutions must then complete the Site Application and Submit for Approval.

The Site will be able to claim the meals within the month the site application is approved.

Family Day Care Homes

Pre-Operation Visit to add FDCH Providers to CNIPS Application

Name of Sponsoring Organization: _____

CNIPS NUMBER: _____

1. Provider Name and Address: _____

_____ KY _____

Phone Number: _____ County: _____

Email Address: _____

2. Provider's children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

3. Does the Provider plan to claim the meals for reimbursement served to his/her own children? YES NO

4. Is the Provider claiming related children over capacity? YES NO

IF YES, list the names of the children and the relationship to the Provider:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

5. Provider Type: REGISTERED _____ CERTIFIED _____ LICENSED _____ (include document)

Capacity _____ Expiration Date ____/____/____ Operating Time _____

Meals to be claimed: Breakfast ____ AM Snack ____ Lunch ____ PM Snack ____ Supper ____ LN Snack ____

6. Has the Provider received training on CACFP requirements? YES/NO DATE: _____

7. Is the Provider willing to maintain appropriate CACFP required documents? YES/NO

8. Are the kitchen and dining areas clean and appropriate for food service? YES/NO

9. Are thermometers available and in working condition for refrigerator and freezer? YES/NO

10. Is this area/county served by another Sponsoring Organization? YES/NO

If YES, list name of Sponsoring Organization: _____

11. Has the Provider participated in CACFP with another Sponsoring Organization OR as Type I Institution? YES/NO

If YES, list name of Sponsoring Organization OR Name of Daycare Center and dates of operation:

_____ DATE: _____

12. Has the Provider ever been terminated or determined to be Seriously Deficient? YES/NO

13. Does the Sponsoring Organization have any other Provider in the county? YES/NO

If YES, how many providers in this county? _____

14. Is this Provider located within 100 miles of the Sponsoring Organization office? YES/NO

15. List the Family Day Care Home Monitor assigned to this Provider. _____

Signature of Family Day Care Home Provider

Date

Signature of Sponsoring Organization Representative

Date

Monitor Reviews

Monitoring sponsored homes for compliance with CACFP regulations is an important responsibility of Sponsoring Organizations. Sponsoring Organizations can also use monitor reviews to provide technical assistance when needed. Sponsoring Organizations of Family Day Care Homes must conduct **at least three monitor reviews on each site each year. Two of the three monitor reviews per site must be unannounced and there can be no more than six months between any two monitor reviews.**

A meal service must be observed during at least one of the monitor reviews conducted during the year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.

In February 2012, the Food and Nutrition Services Department of the USDA released a Family Day Care Homes Monitor Handbook. Refer to this handbook for more detailed instructions on Monitor Reviews. This is available at the CACFP website.

CACFP Program Integrity

Sponsors must identify, follow-up, and correct non-compliance issues to bring providers into compliance. If a Sponsor doesn't perform their function of monitoring non-compliance and bringing providers into compliance or terminating providers, and a significant number of non-compliance providers are found by the State agency, the Sponsor would be out of compliance with their Program Agreement with the Department of Education as well as the Division of School and Community Nutrition.

Identification of Providers at High Risk of Program Non-compliance

To assure program integrity, Sponsors should use indicators of provider non-compliance, such as the following, to identify providers at highest risk of inappropriate claiming. Verification methods should then be used to validate claims and assure compliance.

- **Providers who submit block claims.**
- **Providers whose claiming pattern is broken only by an announced or unannounced monitoring visit.**
- **Providers who regularly claim children on holidays.**
- **Providers whose completed claim is received prior to the last day of the month but completed through the last day of the month. (Sponsor will need to follow-up, as a provider cannot claim for a meal prior to serving it)**
- **Providers who conduct extensive shift care.**
- **Providers who regularly receive greater than \$800 per month in reimbursement.**
- **Providers who have complaints or concerns expressed against them. Sponsors may use their own discretion to decide if secondhand information is reliable and warrants investigation. Sponsors should follow-up on complaints.**
- **Providers whose home visit information for meals claimed, menus, and children in attendance differs from the information submitted on the claim for reimbursement.**
- **Providers who are difficult to schedule or frequently unavailable to visit because they fail to provide advanced notice that they will be away from their home.**
- **Providers who deny consultants access to their home while children are in care or deny access to program records.**
- **Providers who exceed license capacity requirements.**

Verification Methods to Validate Claims

There are several methods that can be used to investigate providers who are suspected of submitting invalid claims. Some of the possible methods include:

- Comparing a submitted claim to the information observed on a home visit.
- The five-day record reconciliation of meal counts with enrollment and attendance records conducted during home visits.
- Unannounced visits.
- Sign in/sign out sheets.
- Household contacts.

Comparing the submitted claims to home visit information and the five-day reconciliation are often the Sponsor's first methods to verify claims. If discrepancies are seen, Sponsors can use unannounced visits and sign in/out records to determine if the provider is submitting invalid claims. If either the unannounced visit or the sign in/sign out sheets indicate an invalid claim or if the information obtained from the unannounced visit or the sign in/out sheets needs further explanation, parent verification or household contacts must be used. In some instances, it may be most appropriate to verify claims by conducting household contacts immediately after detecting discrepancies during home visits or on claims.

Follow-up and Documentation on Findings of Non-compliance

Once an investigation reveals that a provider is not in compliance with Program rules and/or has submitted an invalid claim, the Sponsor must determine if the deficiency/error is serious or less than serious. In order to determine this, the Sponsor should consider frequency and severity of the deficiency/error.

Frequency should be determined by reviewing the provider's historical record to see if the same or similar problem had been noted in the past and if so, how often. Severity should be determined by considering the error in relation to its consequences to Program Integrity. For example, some deficiencies are so severe that even one occurrence could be considered serious; such as claiming multiple meals served to several children whose parents verified they were not in care. Some deficiencies or errors may not be considered severe, such as serving a non-creditable meal, but may be considered serious if found to occur frequently. In determining whether a deficiency is serious or less than serious, the Sponsor may want to additionally consider other factors, such as the provider's length of program experience and literacy level or English proficiency.

Sponsors must ensure that providers take corrective action to come into compliance with Program rules once deficiency/error is detected, whether considered serious or less than serious. A provider who fails to correct serious deficiencies within the allotted time for correction may then be considered seriously deficient in their operation of the CACFP.

Documentation must be maintained on the detection and resolution of all deficiencies/errors found, including the process and results of any related investigation or verification work conducted. In the case of serious deficiencies, documentation must include the information specified in the following procedures.

Serious Deficiency Process

The serious deficiencies may include, but are not limited to the following:

- Submission of false information on the application.
- Submission of false claims for reimbursement.
- Simultaneous participation under more than one Sponsor.
- Non-compliance with the Program Meal Pattern
- Failure to keep required records.
- Conduct or conditions that threaten the health or safety of a child (ren), or the public health or safety.
- A determination that the family day care home has been convicted of any activity that occurred in the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violation, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or the concealment of such a conviction.
- Failure to participate in training.
- Any other circumstances related to non-performance under the Provider Agreement, as specified by the Sponsor or the State Agency.

If the Sponsor determines that a family day care home has committed one or more of the serious deficiencies listed above, the Sponsor must use the following procedures to provide the family day care home notice of the serious deficiency and offer the home an opportunity to take corrective action. However, if the serious deficiency(ies) constitutes an imminent threat to the health or safety of the participants, or the family day care home has engaged in activities that threaten the public health or safety, the Sponsor must immediately suspend the family day care home's CACFP participation prior to any formal action to revoke the home's licensure or approval.

Serious Deficiency Notice

The Sponsor must notify the family day care home that it has been found to be seriously deficient by use of the Prototype Letter for Serious Deficiency Process contained in the Sponsor's Serious Deficiency Policy. The State Agency must also be notified. The notice must specify:

- Provider's name, address, and license number.
- The serious deficiency(ies) (listing the serious deficiency that applies).
- The corrective action to be taken by the family day care home to correct the serious deficiency(ies). The serious deficiency notices must provide detailed information on the Sponsor's required corrective action plan for the identified serious deficiency(ies), which are specific to the deficiency(is) needing correction and which addresses the root causes of the problems discovered.
- The time allotted to correct the serious deficiency or deficiencies (as soon as possible, but not to exceed 30 days).
- That the serious deficiency determination is not subject to administrative review (appeal).
- That failure to fully and permanently correct the serious deficiency(ies) within the allotted time will result in the proposed termination of the family day care home's agreement and the proposed disqualification of the family day care home and its principles.
- If the family day care home provider is eligible to receive Program payment during the period of corrective action. Usually the provider will receive payment for valid claims unless the home has been suspended for health and safety reasons.
- That the family day care homes' voluntary termination of its agreement with the institution after having been notified that it is seriously deficient will still result in the family day care homes' formal termination and placement of the family day care home and its principles on the National Disqualified List.

Sponsors must send the State Agency a copy of the Sponsor's serious deficiency correspondence with the FDCH provider. If the family day care home corrects the serious deficiency(ies), the Sponsor must notify the home it is no longer seriously deficient and send a serious deficiency deferral letter. The Sponsor must also provide a copy of this notice to the State Agency.

Termination (Dropped for Cause) and Disqualification Process

Termination for cause is defined as the termination of a family day care home's Provider Agreement by the Sponsor due to the home's violation of the agreement. FDCH Sponsors must initiate action to terminate the agreement of the FDCH for cause if the Sponsor determines the home has committed one or more serious deficiency(ies) listed above and the home has not corrected the serious deficiency within the allotted time for correction.

Proposed Termination Notice

If timely corrective action is not taken to fully and permanently correct the serious deficiency cited, the Sponsor must issue a notice proposing to terminate the FDCH's agreement for cause. The Sponsor must provide a copy of the notice to the State Agency. The notice must:

- Contain the provider's name, address, license number and date of birth.
- Explain the family day care home's opportunity for an administrative review (appeal) of the proposed termination.
- Explain that the reason for the proposed termination is because the FDCH did not correct the serious deficiency(ies).
- Inform the FDCH that it may continue to participate and receive Program reimbursement for eligible meals served until its administrative review (appeal) is concluded.

- Inform the provider that termination of the agreement will result in the termination for cause and disqualification.
- State that if the provider seeks to voluntarily terminate the agreement after receiving the notice of intent to terminate, the provider will still be placed on the National Disqualified List.

Sponsors must continue to pay any valid claims for reimbursement for eligible meals served until the serious deficiency is corrected or the provider is terminated, including the period of any administrative review (appeal).

Termination Notice

The Sponsor must immediately terminate the provider's agreement and disqualify the provider when the administrative review (appeal) official upholds the Sponsor's proposed termination and proposed disqualification, or when the provider's opportunity to request an administrative review (appeal) expires. The termination notice must contain the following information:

- Name, address, and license number of the provider.
- Provider's date of birth
- Termination date.
- If the provider failed to repay any debts, indicate yes or no.
- Amount of debt, if applicable
- Name and address of the sponsoring organization
- Reason for disqualification.

Suspension Process

If State or local health or licensing officials have cited a provider for serious health or safety violations, the Sponsor must immediately suspend participation prior to any formal action to revoke licensure or approval. If the Sponsor determines that there is an imminent threat to the health or safety of participants at the day care home, or that the provider has engaged in activities that threaten the public health or safety, the Sponsor must immediately notify the appropriate State or local licensing authorities. If the licensing agency cannot make an immediate on-site visit, the Sponsor must take action that is consistent with the recommendations and requirement of these authorities. An imminent threat to the health and safety of participants and engaging in activities that threaten the public health and safety constitute serious deficiencies; however the Sponsor must use the procedures listed below to provide notice of suspension of participation, serious deficiency, and proposed termination of the provider's agreement.

Suspension Notice

The Sponsor must notify the provider that its participation has been suspended, been determined to be seriously deficient, and that the Sponsor proposes to terminate the agreement for cause, and must provide a copy of this notice to the State Agency. The notice must:

- Include the provider's name, address, date of birth, and license number.
- Specify the serious deficiency(ies) found and the opportunity for an administrative review(appeal) of the proposed termination
- State that participation (including all Program payments) will remain suspended until the administrative review (appeal) is concluded.
- Inform the provider that if the administrative review official overturns the suspension, the provider may claim for reimbursement for eligible meals served during the suspension.
- Inform the provider that termination of the agreement will result in the placement of the provider on the National Disqualified List.

- State that if the provider seeks to voluntarily terminate its agreement after receiving the notice of proposed termination, the provider will still be terminated for cause and disqualified.

A Sponsor is prohibited from making any Program payments to a provider that has been suspended until any administrative review (appeal) of the proposed termination is completed. If the suspended provider prevails in the administrative review (appeal) of the proposed termination, the Sponsor must reimburse the provider for eligible meals served during the suspension period.

The Sponsor must immediately terminate the FDCH's agreement and disqualify the home when the administrative review (appeal) official upholds the Sponsor's proposed termination, or when the home's opportunity to request an administrative review (appeal) expires and issue the Termination Notice.

CACFP APPEALS PROCEDURE

Section 1. Actions that May be Appealed (Child and Adult Food Care Program) (7 CFR § 226.6(k) .

Section 2. Notice of Action. ((7 CFR § 226.6(k)(5))

Section 3. Filing An Appeal.

Section 4. Appeal Timelines.

Section 5. Appeal Procedures.

A complete listing of the Appeals procedures may be found on the State agency website.

<http://education.ky.gov/federal/SCN/Pages/Child-and-Adult-Care-Food-Program.aspx>

CACFP REFERENCE SHEET

Monthly Membership-Information Needed for Claim			
Enrollment Forms <ul style="list-style-type: none"> Signed yearly by Parent/Guardian or Client May have multiple participants on one form Days and hours normally in care and meals received are noted 	Income Applications <ul style="list-style-type: none"> Completed and signed by Provider who wants to claim their own children. May have multiple participants on one application Must be completed annually Sponsor is the determining official to make sure all information is complete 	Sign in/out sheets. <ul style="list-style-type: none"> Completed daily Name matches participant's name on Enrollment Form Used to cross-reference participants meal times. 	
Meal Counts-Information Needed for Claim			
Menus <ul style="list-style-type: none"> Must meet meal pattern guidelines Current month posted Food must be creditable Copies placed in monthly folder 	Menus, Continued <ul style="list-style-type: none"> All menus, including Infant menus, must be maintained Substitutions must be noted on all menus at the beginning of the day. 		
Civil Rights			
Public Notification System <ul style="list-style-type: none"> And Justice for All in the Sponsor's office and at each provider's location. Non Discrimination Statement 	Data Collection <ul style="list-style-type: none"> Completed annually Includes Ethnic and Racial Data 	Grievance Procedures <ul style="list-style-type: none"> Documents kept in accessible location Move complaint forward in a timely manner (3 days) 	Training <ul style="list-style-type: none"> Must include Civil Rights to all people involved with food service Required prior to start of any program duties Performed annually and as needed for new staff Documented and filed in appropriate folder
Monitor Reviews			
<ul style="list-style-type: none"> Only necessary for sponsors with multiple sites Completed within first 4 weeks of participation in the program Must complete at least 3 per year per site No more than a 6 month lapse between reviews 			